DEPARTMENT OF NAVAJO VETERANS AFFAIRS

GENERAL FUNDS

AUTHORIZATION FOR TRADITIONAL CEREMONY OR NATIVE AMERICAN CHURCH CEREMONY

The following ceremony will be performed:_____

_____

_____

_____

_____

_____

Amount:_____

_____	_____
Signature of Veteran or Active Duty Military Date	Signature of Traditional Practitioner or NAC Robeman/Roadman Date
Name: _____	Name: _____
Social Security No.:_____	Social Security No.:_____
Census No.:_____	Census No.:_____
Address:_____	Address:_____
_____	_____
_____	_____

CERTIFICATION

I certify that the Traditional Ceremony or Native American Church Ceremony indicated above was performed on the following date_____.

Traditional Practitioner or NAC Robeman/Roadman:_____ _____
Signature Date

DNVA Certification: _____ _____
Signature Date